

FOLEY & LARDNER
ATTORNEYS AT LAW11250 EL CAMINO REAL, SUITE 200
SAN DIEGO, CA 92130
P.O. BOX 80278
SAN DIEGO, CALIFORNIA 92138-0278
TELEPHONE: 858.847.6700
FACSIMILE: 858.792.6773
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From : Barry S. Wilson**Date :** February 3, 2004**Client/Matter No :** 071949-1314**User ID No :** 3067**MESSAGE:****Re:** U.S. Patent Application No. 09/805,653
Our Ref.: 071949-1314

Attached please find:

- Notice of Appeal (2 pgs.);
- Request for 1-month extension of time;
- Authorization to charge Deposit Account No. 50-0872 in the amount of \$ 110.00.

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Operator:	Time Sent:	Return Original To: Germaine Sarda
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Atty. Dkt. No. 071949-1314

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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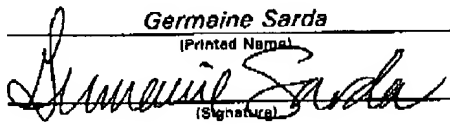
Applicant: Kenneth F. Buechler
Title: DIAGNOSTIC DEVICES AND
APPARATUS FOR THE
CONTROLLED MOVEMENT OF
REAGENTS WITHOUT
MEMBRANES

Appl. No.: 09/805,653

Filing Date: 03/13/2001

Examiner: Lyle Alexander

Art Unit: 1641

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Germaine Sarda (Printed Name)  (Signature) February 3, 2004 (Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated October 3, 2003, and the Advisory Action dated October 28, 2002, of the Examiner finally rejecting Claims 74-113.

- ☒ [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ [X] Notice of Appeal Fee
- ☒ [X] Not required (Fee paid in prior appeal after which the Examiner withdrew the final rejection).

Atty. Dkt. No. 071949-1314

The required fees are calculated below:

<input type="checkbox"/>	Notice of Appeal Fee	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$110.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$110.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$110.00. A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 2, 2004By Barry S. Wilson

FOLEY & LARDNER

Customer Number: 30542

Telephone: (858) 847-6722

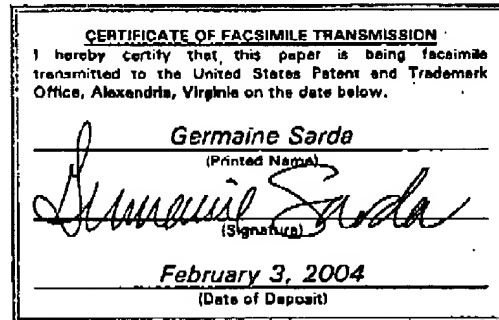
Facsimile: (858) 792-6773

Barry S. Wilson
Attorney for Applicant
Registration No. 39,431

Atty. Dkt. No. 071949-1314

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	FEE TOTAL:	\$110.00
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	TOTAL FEE:	\$110.00

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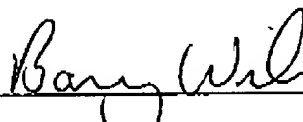
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